## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s),				Commissioner f P.O. Box 1450 Alexandria, Vir <u>x</u> (571) 273-2885	Alexandria, Virginia 22313-1450 (571) 273-2885		
INSTRUCTIONS: This for appropriate/All further sindicated unless that etect to maintenance fee notification	m/should be used for tran espondence including the elow or directed otherwise s.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and PU ders and notifica ) specifying a ne	BLICATION FEE (if requation of maintenance fees ew correspondence address	uired). Blocks I through 5 si will be mailed to the current s; and/or (b) indicating a sepa	nould be completed where correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  27074 7590 01/30/2006  OLIFF & BERRIDGE, PLC. P.O. BOX 19928  ALEXANDRIA, VA 22320				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)			
					<u> </u>	(Signature) (Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVE		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/977,304			Andreas Ei		110877	4671	
TITLE OF INVENTION: M	SMALL ENTITY	JR ENCODING A		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	NO	\$1400		\$300	\$1700	05/01/2006	
					קניים.	03/01/2000	
EXAMINER		ART UNIT 2655		CLASS-SUBCLASS 704-010000	J		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The early address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment of the patent of the patent of the patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment of the patent attorneys or agents OR, alternatively,  (2) the name of up to 3 registered patent attorneys or agents OR. alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agents OR. alternatively,  (2) the name of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.							
Xerox Corpora  Please check the appropriate	tion assignee category or catego	ries (will not be pr	Stanford	nt): Undividual 又(	1391 1499, 99 DA 1594 309, 60 DA Corporation or other private gro	oup entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):				` '	: amount of the fee(s) is enclosed.		
				credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 24-0037 (enclose an extra copy of this form).				
	MALL ENTITY status. See	e) 37 CFR 1.27.	☐ b. Applicant	is no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
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Authorized Signature			Date February 7, 2006				
Typed or printed name Stephen P. Catlin				Registration No. 36,101			
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